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**DO NOT COMPLETE UNTIL YOU READ THE INSTRUCTIONS AT END OF FORMS**  
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STATE OF NEW JERSEY  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF LAW  
ENVIRONMENTAL ENFORCEMENT SECTION, A-901 UNIT  
REVISED 2010

## **SECOND LEVEL BUSINESS CONCERN DISCLOSURE STATEMENT**

Print or type all data, except where signature is required.

**NAME AND MAILING ADDRESS OF SECOND LEVEL BUSINESS CONCERN:**

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**NAME OF APPLICANT/LICENSEE SEEKING OR HOLDING NJDEP SOLID OR HAZARDOUS  
WASTE LICENSE (Cannot be left blank)** \_\_\_\_\_

**FORM OF BUSINESS:**

Corporation	_____
Subchapter S Corporation	_____
Limited Liability Company	_____
Sole Proprietorship	_____
Partnership	_____
Limited Partnership	_____
Joint Venture	_____
Other (describe)	_____

**NAME OF PERSON TO BE CONTACTED IN REFERENCE TO THESE FORMS:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

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DO NOT COMPLETE UNTIL YOU READ THE INSTRUCTIONS AT END OF FORMS  
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**PART I****SECOND LEVEL IDENTIFYING DATA**

**1. NAME AND TRADE NAME OF THE SECOND LEVEL.** In 1.a., state the complete name of the Second Level Business Concern filing this Disclosure Statement, as it appears on the certificate of incorporation, charter, bylaws, partnership agreement or other official document which establishes the name of the Second Level Business Concern . (If no such document exists, state the name the business uses.) List in 1.b. any "trading as," "doing business as," fictitious, or informal names used by the Second Level Business Concern.

a. Name: \_\_\_\_\_

b. Trade name (etc.): \_\_\_\_\_

Street address of principal office - **do not use P.O. Box**:

\_\_\_\_\_  
 \_\_\_\_\_

Telephone: \_\_\_\_\_

FEID # \_\_\_\_\_

**2. PAST NAMES OF SECOND LEVEL BUSINESS CONCERN.** List all names under which this Second Level Business Concern has done business or held itself out to the public as doing business in the past 5 years. Include names of divisions, and "trading as," "doing business as," fictitious, or informal name.

<u>Name</u>	<u>From (year)</u>	<u>To (year)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**3. DATE OF ORGANIZATION.** State when this Second Level Business Concern was established (date of incorporation, partnership agreement, filing of fictitious name certificate, etc.)

\_\_\_\_\_

**4. ATTORNEY AND ACCOUNTANT.** State the name, address and telephone numbers of the Second Level Business Concern's attorney and accountant.

**a. ATTORNEY**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

**b. ACCOUNTANT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

**5. PAST ADDRESSES OF PRINCIPAL OFFICE.** List all previous addresses of this Second Level Business Concern's principal office for the last 5 years.

<u>Address</u>	<u>From (year)</u>	<u>To (year)</u>
A) _____	_____	_____
_____		
B) _____	_____	_____
_____		
C) _____	_____	_____
_____		

For purposes of questions 6, 7, 8 and 9, the term "solid waste or hazardous waste business" includes any location or facility operated by the Second Level Business Concern itself (not by a subsidiary) where solid waste or hazardous waste was/is treated, stored, or disposed of. The inquiry includes transfer stations, transport terminals, sanitary landfills, incinerators, resource recovery facilities, dumps, and business offices associated with any such locations or facilities. NOTE: these four questions concern operations by the Second Level Business Concern itself, not its subsidiaries. Hence, for most Second Level Business Concerns, the appropriate responses will be "none".

**6. SECOND LEVEL BUSINESS CONCERN'S FACILITIES IN NEW JERSEY.** List all locations in the State of New Jersey at which the Second Level Business Concern is currently operating or proposes to operate any aspect of a solid waste or hazardous waste business, including offices, or is generating hazardous waste (except as a small quantity generator). If the solid waste or hazardous waste facility operates under a settlement agreement, consent order, or court order, attach copy of same and note below.

Operating authorization attached?      ☐      Yes      ☐      No

<u>Address</u>	<u>Telephone</u>	<u>Type of facility</u>	<u>NJDEP reg. no. and/or USEPA I.D.</u>
A) _____ _____	_____	_____	_____
B) _____ _____	_____	_____	_____
C) _____ _____	_____	_____	_____
D) _____ _____	_____	_____	_____
E) _____ _____	_____	_____	_____

**7. SECOND LEVEL BUSINESS CONCERN'S FORMER FACILITIES IN NEW JERSEY.** List all locations in the last five years (including offices), in the State of New Jersey at which the Second Level Business Concern formerly operated any aspect of a solid waste or hazardous waste business, including any location at which such a business was owned or operated by any predecessor of the Second Level Business Concern.

<u>Address</u>	<u>facility</u>	<u>(years )</u>	<u>NJDEP reg. no. and/or USEPA I.D.</u>
A) _____	_____	_____	_____
_____			
B) _____	_____	_____	_____
_____			

**8. SECOND LEVEL BUSINESS CONCERN'S FACILITIES IN OTHER JURISDICTIONS.** List all locations (including offices) in any state, district or territory of the United States other than New Jersey, or in any foreign country, at which the Second Level Business Concern is currently operating any aspect of a solid waste or hazardous waste business.

<u>Address</u>	<u>Telephone</u>	<u>Type of facility</u>	<u>USEPA I.D. and/or any permits (nos. and name of issuing agency)</u>
A) _____	_____	_____	_____
_____			
B) _____	_____	_____	_____
_____			
C) _____	_____	_____	_____
_____			

**9. SECOND LEVEL BUSINESS CONCERN'S FORMER FACILITIES IN OTHER JURISDICTIONS.** List all locations in any state, district or territory of the United States, other than New Jersey, or in any foreign country, at which the Second Level Business Concern operated any aspect of a solid waste or hazardous waste business in the last five years, including any location at which such a business was owned and/or operated by any predecessor of the Second Level Business Concern.

<u>Address</u>	Type of <u>facility</u>	From	To	USEPA I.D. and/or any permits (nos. and <u>name of issuing agency</u> )
			<u>(years)</u>	
A) _____ _____	_____	_____	_____	_____
B) _____ _____	_____	_____	_____	_____
C) _____ _____	_____	_____	_____	_____
D) _____ _____	_____	_____	_____	_____
E) _____ _____	_____	_____	_____	_____
F) _____ _____	_____	_____	_____	_____

**PART II****CORPORATE SECOND LEVEL BUSINESS CONCERN DATA**(Part II to be completed **only** by corporations)

**10. NAME OF CORPORATION.** State the complete name as it appears on the corporate seal and as filed with the Secretary of State. Give corporation number (if any) from the state of incorporation, and supply a copy of the certificate of incorporation and the last annual report filed with the State of New Jersey.

Name: \_\_\_\_\_

Certificate of  
incorporation no.: \_\_\_\_\_

Copy of certificate of incorporation attached?    ☐    Yes    ☐    No

Copy of last annual report attached?    ☐    Yes    ☐    No

**11. REGISTERED AGENT.** State the name, address and telephone number of the New Jersey Registered Agent for service of process.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_



**12. OFFICERS.** List the following information as to each Officer of the corporation. **Each individual listed below must also complete** and file with this disclosure statement a **Personal History Disclosure Form**. Each individual below must also be listed on the Summary of Principals (Page 52). Use additional copies of this page, as necessary. **If listing more than 3 Officers, contact the Division of Law, Environmental Enforcement Section, A-901 Unit, at (609) 292-6019 or 292-6018 prior to submitting Personal Histories.** Do not provide SS#s for any individual who has not signed the consent form for Disclosure of Social Security Number (Page 55).

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Business address: \_\_\_\_\_

Office <u>held</u>	Date took <u>office</u>	Date of <u>birth</u>	Social <u>Security no.</u>
-----------------------	----------------------------	-------------------------	-------------------------------

\_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Business address: \_\_\_\_\_

Office <u>held</u>	Date took <u>office</u>	Date of <u>birth</u>	Social <u>security no.</u>
-----------------------	----------------------------	-------------------------	-------------------------------

\_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Business address: \_\_\_\_\_

Office <u>held</u>	Date took <u>office</u>	Date of <u>birth</u>	Social <u>security no.</u>
-----------------------	----------------------------	-------------------------	-------------------------------

\_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Business address: \_\_\_\_\_

Office <u>held</u>	Date took <u>office</u>	Date of <u>birth</u>	Social <u>security no.</u>
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\_\_\_\_\_

**13. DIRECTORS.** List the following information as to each Director of the corporation. Each individual listed below must also complete and file with this Disclosure Statement a Personal History Disclosure Form. Each individual below must also be listed on the Summary of Principals (Page 52). Use additional copies of this page, as necessary. Do not provide SS# for any individual who has not signed the consent form for Disclosure of Social Security Number (Page 55).

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Business address: \_\_\_\_\_

<u>Office held</u>	<u>Date took office</u>	<u>Date of birth</u>	<u>Social security no.</u>
_____	_____	_____	_____

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Business address: \_\_\_\_\_

<u>Office held</u>	<u>Date took office</u>	<u>Date of birth</u>	<u>Social security no.</u>
_____	_____	_____	_____

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Business address: \_\_\_\_\_

<u>Office held</u>	<u>Date took office</u>	<u>Date of birth</u>	<u>Social security no.</u>
_____	_____	_____	_____

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Business address: \_\_\_\_\_

<u>Office held</u>	<u>Date took office</u>	<u>Date of birth</u>	<u>Social security no.</u>
_____	_____	_____	_____

**14. FORMER OFFICERS AND DIRECTORS.** List the following information as to each person who was an Officer or Director of the corporation at any time during the last 5 years **and is not listed in the responses to questions 12 or 13.** Use additional copies of this page, as necessary. Former directors of publicly traded companies need not be listed.

**Name and last known address:** \_\_\_\_\_

Position held _____	From    To (month/year) _____	Date of birth _____
_____	_____	_____

**Name and last known address:** \_\_\_\_\_

Position held _____	From    To (month/year) _____	Date of birth _____
_____	_____	_____

**Name and last known address:** \_\_\_\_\_

Position held _____	From    To (month/year) _____	Date of birth _____
_____	_____	_____

**Name and last known address:** \_\_\_\_\_

Position held _____	From    To (month/year) _____	Date of birth _____
_____	_____	_____

**PART III****PARTNERSHIP/JOINT VENTURE DATA**(Part III to be completed **only** by Partnerships or Joint Ventures)

**15.** Provide a copy of the partnership or joint venture agreement of Second Level Business Concern. If any business concern is listed in response to Question 16, a separate Second Level Business Concern Disclosure Statement describing that Second Level Business Concern must be completed and filed with this Disclosure Statement.

Copy attached?      ☐    Yes      ☐    No

**16. CURRENT PARTNERS OR JOINT VENTURERS.** List the following information as to each current partner or joint venturer. Use additional copies of this page, as necessary. If a limited partnership, list limited partners separately under the heading "limited partners." **Any individual listed below must also complete and file with this Disclosure Statement a **Personal History Disclosure Form**.** Each individual listed below must also be listed on the Summary of Principals (page 52). Do not provide SS# for any individual who has not signed the consent form for Disclosure of Social Security Number (Page 55).

**a.** Type of Association:      ☐    General Partnership  
    ☐    Limited Partnership  
    ☐    Joint Venture

**b.** General Partners or joint venturers

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Business address: \_\_\_\_\_

\_\_\_\_\_

FEID no. or soc. sec. no.: \_\_\_\_\_ D.O.B. (if applicable) \_\_\_\_\_

**c.** Limited Partners

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Business address: \_\_\_\_\_

\_\_\_\_\_

FEID no. or soc. sec. no.: \_\_\_\_\_ D.O.B. (if applicable) \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Business address: \_\_\_\_\_

\_\_\_\_\_

FEID no. or soc. sec. no.: \_\_\_\_\_ D.O.B. (if applicable) \_\_\_\_\_

**17. FORMER PARTNERS/JOINT VENTURERS.** List the following information as to all prior partners and joint venturers of the Second Level Business Concern during the past 5 years. Use additional copies of this page, as necessary.

**Name and last known address:** \_\_\_\_\_

Position: \_\_\_\_\_ Dates position held  
from/to (month/year): \_\_\_\_\_

Date of birth: \_\_\_\_\_ FEID no. : \_\_\_\_\_

**Name and last known address:** \_\_\_\_\_

Position: \_\_\_\_\_ Dates position held  
from/to (month/year): \_\_\_\_\_

Date of birth: \_\_\_\_\_ FEID no. : \_\_\_\_\_

**Name and last known address:** \_\_\_\_\_

Position: \_\_\_\_\_ Dates position held  
from/to (month/year): \_\_\_\_\_

Date of birth: \_\_\_\_\_ FEID no. : \_\_\_\_\_

**Name and last known address:** \_\_\_\_\_

Position: \_\_\_\_\_ Dates position held  
from/to (month/year): \_\_\_\_\_

Date of birth: \_\_\_\_\_ FEID no. : \_\_\_\_\_

**PART IV****OTHER SECOND LEVEL BUSINESS CONCERN DATA**

(Complete Part IV only if the Second Level Business Concern is organized in a form **other** than a corporation, partnership or joint venture - such as a sole proprietorship, trust, association or estate.)

**18. FORM OF THE SECOND LEVEL BUSINESS CONCERN'S BUSINESS.** Describe how the Second Level Business Concern is organized. Attach copies of documents that describe the establishment of the Second Level Business Concern's business, e.g., a charter or trust agreement.

Type (sole proprietorship trust; trade association; estate; etc.): \_\_\_\_\_

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Copy attached?      ☐      Yes      ☐      No

**19. OWNERS, OFFICERS, TRUSTEES, CONTROLLING PARTIES, ETC.** List the following information as to each person who owns, controls or is an officer or trustee of the Second Level Business Concern. **Each individual listed below must also complete and file with this Disclosure Statement a Personal History Disclosure Form.** Each individual below must also be listed on the Summary of Principals (Page 52). If any business concern is listed below, a Second-Level Business Concern Disclosure Statement describing that business concern must be completed and filed with this disclosure statement. Use additional copies of this page, as necessary. Do not provide SS# for any individual who has not signed the consent form for Disclosure of Social Security Number (Page 55).

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Business address: \_\_\_\_\_

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Position: \_\_\_\_\_ Dates position held from/to (month/year): \_\_\_\_\_

Date of birth: \_\_\_\_\_ FEID no. or soc. sec. no.: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Business address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Position: \_\_\_\_\_ Dates position held  
from/to (month/year): \_\_\_\_\_

Date of birth: \_\_\_\_\_ FEID no. : \_\_\_\_\_

**20. FORMER OWNERS, OFFICERS, TRUSTEES, CONTROLLING PARTIES, ETC.** List the following information as to each person or business who/which was an owner, officer, trustee or controlling party of the Second Level Business Concern at any time in the last 5 years **and is not listed in the response to question 19**. Use additional copies of this page, as necessary.

**Name and last known address:** \_\_\_\_\_

\_\_\_\_\_

Position: \_\_\_\_\_ Dates position held  
from/to (month/year): \_\_\_\_\_

Date of birth: \_\_\_\_\_ FEID no. or soc. sec. no.: \_\_\_\_\_

**Name and last known address:** \_\_\_\_\_

\_\_\_\_\_

Position: \_\_\_\_\_ Dates position held  
from/to (month/year): \_\_\_\_\_

Date of birth: \_\_\_\_\_ FEID no. or soc. sec. no.: \_\_\_\_\_

**Name and last known address:** \_\_\_\_\_

\_\_\_\_\_

Position: \_\_\_\_\_ Dates position held  
from/to (month/year): \_\_\_\_\_

Date of birth: \_\_\_\_\_ FEID no. or soc. sec. no.: \_\_\_\_\_

**PART V**  
**EQUITY INTERESTS**

**21. SOLID WASTE OR HAZARDOUS WASTE INTERESTS.** List the following information as to any business concern, in any state, territory or district of the United States, or in any foreign country, which collects, transfers, treats, stores, recycles, processes or disposes of solid waste or hazardous waste on a commercial basis, in which the Second Level Business Concern holds an equity interest of 25% or more, or has formerly held in the last 5 years an equity interest of 25% or more.

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Business address: \_\_\_\_\_

\_\_\_\_\_

FEID no.: \_\_\_\_\_ Period equity held: From: \_\_\_\_\_ To: \_\_\_\_\_  
(month/year)

Type of equity: \_\_\_\_\_ % of total equity: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Business address: \_\_\_\_\_

\_\_\_\_\_

FEID no.: \_\_\_\_\_ Period equity held: From: \_\_\_\_\_ To: \_\_\_\_\_  
(month/year)

Type of equity: \_\_\_\_\_ % of total equity: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Business address: \_\_\_\_\_

\_\_\_\_\_

FEID no.: \_\_\_\_\_ Period equity held: From: \_\_\_\_\_ To: \_\_\_\_\_  
(month/year)

Type of equity: \_\_\_\_\_ % of total equity: \_\_\_\_\_



**22. OTHER EQUITY INTERESTS.** List the following information as to any business concern in any state, territory or district of the United States, or in any foreign country, in which the Second Level Business Concern holds an equity interest of 25% or more.

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Business address: \_\_\_\_\_

FEID no.: \_\_\_\_\_ Date equity obtained: \_\_\_\_\_

Type of equity: \_\_\_\_\_ % of total equity: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Business address: \_\_\_\_\_

FEID no.: \_\_\_\_\_ Date equity obtained: \_\_\_\_\_

Type of equity: \_\_\_\_\_ % of total equity: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Business address: \_\_\_\_\_

FEID no.: \_\_\_\_\_ Date equity obtained: \_\_\_\_\_

Type of equity: \_\_\_\_\_ % of total equity: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Business address: \_\_\_\_\_

FEID no.: \_\_\_\_\_ Date equity obtained: \_\_\_\_\_

Type of equity: \_\_\_\_\_ % of total equity: \_\_\_\_\_

**23. CORPORATE STRUCTURE.** If the Second Level Business Concern is a subsidiary of a parent corporation, or is the parent of one or more subsidiaries, or is part of a conglomerate or a group of companies in common ownership, supply a chart showing the names, FEID numbers and relationships of all parent, sister, subsidiary and affiliate corporations, and/or members of the conglomerate or group. Show ultimate parents. **Note:** This question **applies to** related companies in **any business**, not just the solid waste or hazardous waste business.

Chart attached?        ☐ Yes        ☐ No

## PART VI

## EMPLOYEE DATA

**24. KEY EMPLOYEES.** List the following information as to all Key Employees of the Second Level Business Concern. "Key Employee" means any individual employed by a Second Level Business Concern, permittee or licensee in a supervisory capacity with respect to the solid waste or hazardous waste operations of the applicant business concern in **New Jersey** or empowered to make discretionary decisions with respect to these operations but shall not include employees exclusively engaged in the physical or mechanical collection, transportation, treatment, storage, transfer or disposal of solid waste or hazardous waste (N.J.A.C. 7:26-16.2). **If listing more than two key employees, contact the Division of Law, Environmental Enforcement Section, A-901 Unit, at (609) 292-6019 or 292-6018 prior to submitting Personal Histories. Each individual listed below must also complete a Personal History Disclosure Form.** Each Individual listed below must also be listed in the Summary of Principals (Page 52). Do not provide SS# for any individuals who have not signed Consent Form For Disclosure of SS# (Page 55).

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Business address: \_\_\_\_\_

<u>Position</u>	<u>Date took position</u>	<u>Date of birth</u>	<u>Social security no.</u>
_____	_____	_____	_____

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Business address: \_\_\_\_\_

<u>Position</u>	<u>Date took position</u>	<u>Date of birth</u>	<u>Social security no.</u>
_____	_____	_____	_____

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Business address: \_\_\_\_\_

<u>Position</u>	<u>Date took position</u>	<u>Date of birth</u>	<u>Social security no.</u>
_____	_____	_____	_____

**PART VII****LICENSES AND PERMITS HELD**

**25. NJ DEP and US EPA.** List all N.J. Department of Environmental Protection or U.S. Environmental Protection Agency solid/hazardous license, permit, registration, temporary operating authorization, recycling approvals, etc. held in the last 5 years by the Second Level Business Concern under any name. Use additional copies of this page, as necessary.

**Name under which held:** \_\_\_\_\_

Type of facility: \_\_\_\_\_

Type of approval or permit  
(indicate if temporary) \_\_\_\_\_

Facility location: \_\_\_\_\_

From/to (years): \_\_\_\_\_ DEP no./EPA I.D.: \_\_\_\_\_

**Name under which held:** \_\_\_\_\_

Type of facility: \_\_\_\_\_

Type of approval or permit  
(indicate if temporary) \_\_\_\_\_

Facility location: \_\_\_\_\_

From/to (years): \_\_\_\_\_ DEP no./EPA I.D.: \_\_\_\_\_

**Name under which held:** \_\_\_\_\_

Type of facility: \_\_\_\_\_

Type of approval or permit  
(indicate if temporary) \_\_\_\_\_

Facility location: \_\_\_\_\_

From/to (years): \_\_\_\_\_ DEP no./EPA I.D.: \_\_\_\_\_

**26. N.J.S.A. TITLE 48.** List all Certificates of Public Convenience and Necessity issued in the last 5 years to the Second Level Business Concern, under any name, by the DEP. Use additional copies of this page, as necessary.

**Name under which held:** \_\_\_\_\_

Type of approval: \_\_\_\_\_

From/to (years): \_\_\_\_\_ DEP/BPU/PUC I.D. no.: \_\_\_\_\_

**Name under which held:** \_\_\_\_\_

Type of approval: \_\_\_\_\_

From/to (years): \_\_\_\_\_ DEP/BPU/PUC I.D. no.: \_\_\_\_\_

**Name under which held:** \_\_\_\_\_

Type of approval: \_\_\_\_\_

From/to (years): \_\_\_\_\_ DEP/BPU/PUC I.D. no.: \_\_\_\_\_

**Name under which held:** \_\_\_\_\_

Type of approval: \_\_\_\_\_

From/to (years): \_\_\_\_\_ DEP/BPU/PUC I.D. no.: \_\_\_\_\_

**27. OTHER APPROVED ACTIVITIES.** List, and explain in detail, any solid waste, hazardous waste or recycling activity, in which the Second Level Business Concern has been authorized to engage, by a New Jersey judicial or administrative body, in the State of New Jersey. Attach additional copies of this page, as necessary.

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**28. OUT-OF-STATE SOLID WASTE OR HAZARDOUS WASTE LICENSES.** List all licenses held by the Second Level Business Concern within the last 5 years, under any name, for the collection, transfer, transportation, treatment, storage, recycling, processing or disposal of solid waste or hazardous waste, on a commercial basis, in any part of the United States outside of New Jersey, or in any foreign country. "License" includes registration, permit, or equivalent operating authorization. Attach additional copies of this page, as necessary.

**Name under which held:** \_\_\_\_\_  
 Business address or  
 facility location: \_\_\_\_\_  
 Type of  
 license: \_\_\_\_\_ Issuing agency: \_\_\_\_\_  
 Dates held from/to (years): \_\_\_\_\_ License no.: \_\_\_\_\_

**Name under which held:** \_\_\_\_\_  
 Business address or  
 facility location: \_\_\_\_\_  
 Type of  
 license: \_\_\_\_\_ Issuing agency: \_\_\_\_\_  
 Dates held from/to (years): \_\_\_\_\_ License no.: \_\_\_\_\_

**Name under which held:** \_\_\_\_\_  
 Business address or  
 facility location: \_\_\_\_\_  
 Type of  
 license: \_\_\_\_\_ Issuing agency: \_\_\_\_\_  
 Dates held from/to (years): \_\_\_\_\_ License no.: \_\_\_\_\_

**Name under which held:** \_\_\_\_\_  
 Business address or  
 facility location: \_\_\_\_\_  
 Type of  
 license: \_\_\_\_\_ Issuing agency: \_\_\_\_\_  
 Dates held from/to (years): \_\_\_\_\_ License no.: \_\_\_\_\_

**PART VIII****CIVIL VIOLATIONS HISTORY**

The following questions concern civil violations of environmental protection statutes and regulations. In this section, the term "you" refers to the Second Level Business Concern identified in Part I, question 1 **and** to any of the following:

- a. Any predecessor firm, or any previous name under which the Second Level Business Concern operated.
- b. Subsidiaries: Any business in which the Second Level Business Concern holds 50% or more of equity or debt liability.

**NOTE:** Parent companies: Any business concern which holds any equity or debt liability in the Second Level Business Concern, or, if the Second Level Business Concern is a publicly traded corporation, any Second Level Business Concern which holds more than 5% of its equity or debt liability, must file a separate Second-Level Business Concern Disclosure Statement. This applies to all immediate, intermediate and ultimate "parent" companies. However, if the debt liability of the Second Level Business Concern is held by a chartered lending institution, the chartered lending institution is not required to file a disclosure statement.

**Provide a response in each section.** If an answer is "none", write "none". If the item is not applicable, write "not applicable" or "N/A", **with an explanation of why. A question left unanswered will not be presumed "Not Applicable" or "None" - THE FORM WILL BE DEEMED INCOMPLETE.** You may use appropriate cross reference if the citations are explained in the Personal History Disclosure Statement Forms or other Business Concern Disclosure Statements filed with this Disclosure Statement.

As used below, the term "law or regulation pertaining to protection of the environment" includes statutes and regulations relating to the collection, transfer, transportation, treatment, storage, processing, recycling or disposal of solid waste or hazardous waste; and any other statutes or regulations relating to air and water pollution, discharge of hazardous substances, transportation of hazardous materials, and control of pesticides or toxic substances. It includes regulations of the N.J. DEP, the N.J. DOT, the U.S. EPA, and the U.S. Department of Transportation.

**29. NEW JERSEY VIOLATIONS NOTICES.** List and explain all Summonses, Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, or Notices of Intent to Deny or Revoke any license or permit, or similar notices, issued to you within the past 5 years by the New Jersey Department of Environmental Protection (DEP) or former New Jersey Board of Public Utilities (BPU). Notwithstanding the foregoing, penalty assessments of less than \$25,000 need not be listed. Use additional copies of this page, as necessary.

<b>Name of</b> entity cited:	_____	<b>Date</b> Issued: _____
Address of alleged violation:	_____	
Alleged violation:	_____	Type of notice: _____
Disposition & explanation:	_____	
	_____	

Name of issuing agency: \_\_\_\_\_ Docket no.: \_\_\_\_\_

<b>Name of</b> entity cited:	_____	<b>Date</b> Issued: _____
Address of alleged violation:	_____	
Alleged violation:	_____	Type of notice: _____
Disposition & explanation:	_____	
	_____	

Name of issuing agency: \_\_\_\_\_ Docket no.: \_\_\_\_\_

<b>Name of</b> entity cited:	_____	<b>Date</b> Issued: _____
Address of alleged violation:	_____	
Alleged violation:	_____	Type of notice: _____
Disposition & explanation:	_____	
	_____	

Name of issuing agency: \_\_\_\_\_ Docket no.: \_\_\_\_\_



**30. FEDERAL VIOLATION NOTICES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, or similar notices issued to you within the past 5 years by the U.S. Environmental Protection Agency or U.S. Department of Transportation for any alleged violation of any federal statutes or regulation pertaining to protection of the environment. Notwithstanding the foregoing, penalty assessments of less than \$25,000 need not be listed. Use additional copies of this page, as necessary.

<b>Name of</b>		<b>Date</b>
entity cited:	_____	Issued: _____
Address of		
alleged violation:	_____	
		Type of
Alleged violation:	_____	notice: _____
Disposition &		
explanation:	_____	
	_____	

Name of issuing agency: \_\_\_\_\_ Docket no.: \_\_\_\_\_ Penalty assessed: \_\_\_\_\_

<b>Name of</b>		<b>Date</b>
entity cited:	_____	Issued: _____
Address of		
alleged violation:	_____	
		Type of
Alleged violation:	_____	notice: _____
Disposition &		
explanation:	_____	
	_____	

Name of issuing agency: \_\_\_\_\_ Docket no.: \_\_\_\_\_ Penalty assessed: \_\_\_\_\_

<b>Name of</b>		<b>Date</b>
entity cited:	_____	Issued: _____
Address of		
alleged violation:	_____	
		Type of
Alleged violation:	_____	notice: _____
Disposition &		
explanation:	_____	
	_____	

Name of issuing agency: \_\_\_\_\_ Docket no.: \_\_\_\_\_ Penalty assessed: \_\_\_\_\_

**31. NEW JERSEY MUNICIPALITIES AND COUNTIES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summonses, Civil Complaints, Citations of any kind, and Notices of Intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 5 years by any municipality or county in the State of New Jersey, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. Notwithstanding the foregoing, penalty assessments of less than \$25,000 need not be listed. Use additional copies of this page, as necessary.

<b>Name of</b>		<b>Date</b>	
entity cited:	_____	issued:	_____
Alleged			
Violation:	_____	Type of	
Address of		notice:	_____
alleged			
violation:	_____		
Issuing			
Agency:	_____	Docket no.:	_____

Disposition & explanation: \_\_\_\_\_

Amount of penalty or damages sought: \$ \_\_\_\_\_

<b>Name of</b>		<b>Date</b>	
entity cited:	_____	issued:	_____
Alleged			
Violation:	_____	Type of	
Address of		notice:	_____
alleged			
violation:	_____		
Issuing			
Agency:	_____	Docket no.:	_____

Disposition & explanation: \_\_\_\_\_

Amount of penalty or damages sought: \$ \_\_\_\_\_

<b>Name of</b>		<b>Date</b>	
entity cited:	_____	issued:	_____
Alleged			
Violation:	_____	Type of	
Address of		notice:	_____
alleged			
violation:	_____		
Issuing			
Agency:	_____	Docket no.:	_____

Disposition & explanation: \_\_\_\_\_

Amount of penalty or damages sought: \$ \_\_\_\_\_

**32. OTHER STATES AND FOREIGN COUNTRIES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summons, Civil Complaints, Citations of any kind, and Notices of Intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 5 years by any state other than the State of New Jersey or by any foreign country, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. Notwithstanding the foregoing, penalty assessments of less than \$25,000 need not be listed. Use additional copies of this page, as necessary.

<b>Name of</b>		<b>Date</b>	
entity cited:	_____	issued:	_____
Alleged			
Violation:	_____	Type of	
Address of		notice:	_____
alleged			
violation:	_____		
Issuing			
Agency:	_____	Docket no.:	_____

Disposition & explanation: \_\_\_\_\_

Amount of penalty or damages sought: \$ \_\_\_\_\_

<b>Name of</b>		<b>Date</b>	
entity cited:	_____	issued:	_____
Alleged			
Violation:	_____	Type of	
Address of		notice:	_____
alleged			
violation:	_____		
Issuing			
Agency:	_____	Docket no.:	_____

Disposition & explanation: \_\_\_\_\_

Amount of penalty or damages sought: \$ \_\_\_\_\_

<b>Name of</b>		<b>Date</b>	
entity cited:	_____	issued:	_____
Alleged			
Violation:	_____	Type of	
Address of		notice:	_____
alleged			
violation:	_____		
Issuing			
Agency:	_____	Docket no.:	_____

Disposition & explanation: \_\_\_\_\_

Amount of penalty or damages sought: \$ \_\_\_\_\_

## PART IX

## ANTITRUST JUDGMENTS

**33. ANTITRUST JUDGMENTS.** List and explain all complaints, judgments, consent decrees or consent orders pertaining to a violation or alleged violation by you of federal or state antitrust laws, trade regulations or securities regulations filed or issued against you within the last 10 years. Attach a copy of the complaint and if applicable, the final order or decree. List in the following order: cases in New Jersey courts, federal courts, other states' courts, foreign countries.

<b>Title of case:</b>	_____	<b>Docket no.:</b>	_____
Name & location of	_____	Date judgment, decree	_____
court of agency:	_____	or order entered:	_____
Nature of	_____		
order:	_____		
	_____		

<b>Title of case:</b>	_____	<b>Docket no.:</b>	_____
Name & location of	_____	Date judgment, decree	_____
court of agency:	_____	or order entered:	_____
Nature of	_____		
order:	_____		
	_____		

<b>Title of case:</b>	_____	<b>Docket no.:</b>	_____
Name & location of	_____	Date judgment, decree	_____
court of agency:	_____	or order entered:	_____
Nature of	_____		
order:	_____		
	_____		

**PART X****OTHER CIVIL COURT JUDGMENTS AND PENDING LITIGATION**

**34. OTHER JUDGMENTS.** List and explain all judgments of liability in excess of \$100,000 rendered against the Second Level Business Concern in the past 5 years. Use additional copies of this page, as necessary.

**Caption of case:** \_\_\_\_\_

Docket no.:\_\_\_\_\_ Name & location of court:\_\_\_\_\_

Date judgment  
of court entered::\_\_\_\_\_ Amt./terms of judgment:\_\_\_\_\_

\_\_\_\_\_

Nature of suit: \_\_\_\_\_

\_\_\_\_\_

**Caption of case:** \_\_\_\_\_

Docket no.:\_\_\_\_\_ Name & location of court:\_\_\_\_\_

Date judgment  
of court entered::\_\_\_\_\_ Amt./terms of judgment:\_\_\_\_\_

\_\_\_\_\_

Nature of suit: \_\_\_\_\_

\_\_\_\_\_

**35. PENDING SUITS.** List and explain all civil suits in which the Second Level Business Concern is presently involved as a party plaintiff or defendant. Include matters involving resolution before arbitration boards. Use additional copies of this page, as necessary. Notwithstanding the foregoing, you need not list "slip and fall" cases; cases arising out of automobile or truck accidents if no fatality occurred; and suits seeking less than \$100,000 in damages where no other relief is sought.

**Caption of case:** \_\_\_\_\_

Docket no.: \_\_\_\_\_ Name & location of court: \_\_\_\_\_

Nature of suit/relief sought: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Status: \_\_\_\_\_

\_\_\_\_\_

**Caption of case:** \_\_\_\_\_

Docket no.: \_\_\_\_\_ Name & location of court: \_\_\_\_\_

Nature of suit/relief sought: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Status: \_\_\_\_\_

\_\_\_\_\_

## PART XI

## CRIMINAL PROCEEDINGS

**36. CRIMINAL CHARGES AND CONVICTIONS.** List all indictments, accusations, summonses, complaints, and informations filed against the Second Level Business Concern for any crime or felony. List all accusations, summonses, complaints, and informations filed against the Second Level Business Concern within the last 10 years for any misdemeanor, disorderly persons offense, or criminal violation.

**NOTE:** You need not list convictions for any violation of Title 39 of the Revised Statutes (N.J.S.A.) other than a violation of the provisions of N.J.S.A. 39:5B-18 et seq., N.J.S.A. 39:5B-25 et seq. or N.J.S.A. 39:5B-30 et seq., or comparable motor vehicle offenses in jurisdictions other than New Jersey. Death by Auto or Vehicular Homicide is considered a criminal offense and must be listed under this item.

List convictions first. Use additional copies of this page, as necessary.

**Name of entity****charged/convicted:** \_\_\_\_\_Description of  
crime/offense charged: \_\_\_\_\_Indictment information,  
complaint, etc., no. \_\_\_\_\_

Jurisdiction

where charged: \_\_\_\_\_

Date  
charged: \_\_\_\_\_Disposition (if applicable,  
sentence imposed): \_\_\_\_\_**Name of entity****charged/convicted:** \_\_\_\_\_Description of  
crime/offense charged: \_\_\_\_\_Indictment information,  
complaint, etc., no. \_\_\_\_\_

Jurisdiction

where charged: \_\_\_\_\_

Date  
charged: \_\_\_\_\_Disposition (if applicable,  
sentence imposed): \_\_\_\_\_**Name of entity****charged/convicted:** \_\_\_\_\_Description of  
crime/offense charged: \_\_\_\_\_Indictment information,  
complaint, etc., no. \_\_\_\_\_

Jurisdiction

where charged: \_\_\_\_\_

Date  
charged: \_\_\_\_\_Disposition (if applicable,  
sentence imposed): \_\_\_\_\_

Documentary material attached? \_\_\_\_\_ Yes \_\_\_\_\_ No

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



**PART XII****UNIONS AND TRADE ASSOCIATIONS**

**38. LABOR UNIONS.** List all labor unions with which the Second Level Business Concern has had collective bargaining agreements during the past 5 years. Use additional copies of this page, as necessary.

Name of union  
& local no.: \_\_\_\_\_

Local's address: \_\_\_\_\_

Dates agreement was in effect: \_\_\_\_\_

Name of union  
& local no.: \_\_\_\_\_

Local's address: \_\_\_\_\_

Dates agreement was in effect: \_\_\_\_\_

**39. TRADE AND BUSINESS ASSOCIATIONS.** List all trade or business associations of which the Second Level Business Concern was a member during the past 5 years. Use additional copies of this page, as necessary.

**Name of trade or  
business association:** \_\_\_\_\_  
Association's  
address: \_\_\_\_\_  
Date of membership  
from/to: \_\_\_\_\_

**Name of trade or  
business association:** \_\_\_\_\_  
Association's  
address: \_\_\_\_\_  
Date of membership  
from/to: \_\_\_\_\_

### PART XIII

#### OWNERSHIP (EQUITY) AND DEBT LIABILITY OF THE SECOND LEVEL BUSINESS CONCERN

Part XIII is to be completed by all Second Level Business Concerns, regardless of the organizational structure of the business enterprise.

#### EQUITY

"Equity" means any ownership interest in a business. The form of ownership interest should be indicated in your answers below under the heading "type of equity." If stock, state whether shares are voting or non-voting.

**40. EQUITY - PRIVATELY HELD CONCERNS.** If the Second Level Business Concern is privately held:

**a. List individuals currently holding any equity (regardless of percentage of equity share) in the Second Level Business Concern. Each individual listed below must complete and file with this disclosure statement a Personal History Disclosure Statement Form.** Each individual listed below must also be listed on the Summary of Principals (Page 52). Use additional copies of this page, as necessary. Do not provide SS# for any individuals who have not signed Consent Form for Disclosure of SS# (Page 55).

**Name:** \_\_\_\_\_ **Telephone no.:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Social security no.:** \_\_\_\_\_

**Date equity obtained:** \_\_\_\_\_ **Type of equity:** \_\_\_\_\_ **% of total equity:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone no.:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Social security no.:** \_\_\_\_\_

**Date equity obtained:** \_\_\_\_\_ **Type of equity:** \_\_\_\_\_ **% of total equity:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone no.:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Social security no.:** \_\_\_\_\_

**Date equity obtained:** \_\_\_\_\_ **Type of equity:** \_\_\_\_\_ **% of total equity:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone no.:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Social security no.:** \_\_\_\_\_

**Date equity obtained:** \_\_\_\_\_ **Type of equity:** \_\_\_\_\_ **% of total equity:** \_\_\_\_\_

**b. List all business concerns currently holding any equity in the Second Level Business Concern. **NOTE:** A Second-Level Business Concern Disclosure Statement describing any business concern listed below must be completed and filed with this disclosure statement. Use additional copies of this page, as necessary.**

**Name:** \_\_\_\_\_ **Telephone no.:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date equity obtained:** \_\_\_\_\_ **Type of equity:** \_\_\_\_\_ **% of total equity:** \_\_\_\_\_

**FEID no.:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone no.:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date equity obtained:** \_\_\_\_\_ **Type of equity:** \_\_\_\_\_ **% of total equity:** \_\_\_\_\_

**FEID no.:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone no.:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date equity obtained:** \_\_\_\_\_ **Type of equity:** \_\_\_\_\_ **% of total equity:** \_\_\_\_\_

**FEID no.:** \_\_\_\_\_

**c. List all individuals formerly holding equity of 25% or more in the Second Level Business Concern during the past 5 years. Use additional copies of this page, as necessary.**

**Name:** \_\_\_\_\_ **Telephone no.:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date equity held (from/to)** \_\_\_\_\_ **Type of equity:** \_\_\_\_\_ **% of total equity:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone no.:** \_\_\_\_\_

Address: \_\_\_\_\_

Date equity held (from/to) _____	Type of equity: _____	% of total equity: _____
-------------------------------------	--------------------------	-----------------------------

Date of birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**d.** List all business concerns formerly holding equity of 25% or more in the Second Level Business Concern during the past 5 years. Use additional copies of this page, as necessary.

**Name and last known address:** \_\_\_\_\_

FEID no: \_\_\_\_\_

Dates equity held from/to (m/y): _____	Type of equity: _____	% of total equity: _____
---	--------------------------	-----------------------------

**Name and last known address:** \_\_\_\_\_

Dates equity held from/to (m/y): _____	Type of equity: _____	% of total equity: _____
---	--------------------------	-----------------------------

FEID no.: \_\_\_\_\_

**41. EQUITY - PUBLICLY TRADED CORPORATION.** If the Second Level Business Concern is a publicly traded corporation:

**a.** Indicate below where the corporation's stock is traded.

_____	NYSE	Listing Symbol _____
_____	AMEX	
_____	Other exchanges (list)	_____
_____	Over-the-Counter	

**b.** Attach a copy of the corporation's most recent annual report to stockholders and SEC Form 10-K.

Copies attached? \_\_\_\_\_ Yes \_\_\_\_\_ No

**c.** List all **individuals** currently holding more than 5% of the total equity of the corporation. **Each individual listed below must complete and file a Personal History Disclosure Form.** Each individual listed below must also be listed on the Summary of Principals (Page 52). Use additional copies of this page, as necessary. Do not provide SS# for any individuals who have not signed Consent Form for Disclosure of SS# (Page 55).

**Name:** \_\_\_\_\_ **Telephone no.:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social security no.: \_\_\_\_\_

Date equity obtained: \_\_\_\_\_ Type of equity: \_\_\_\_\_

Amount of equity: \_\_\_\_\_ % of total equity held: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone no.:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social security no.: \_\_\_\_\_

Date equity obtained: \_\_\_\_\_ Type of equity: \_\_\_\_\_

Amount of equity: \_\_\_\_\_ % of total equity held: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone no.:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Social security no.:** \_\_\_\_\_

**Date equity obtained:** \_\_\_\_\_ **Type of equity:** \_\_\_\_\_

**Amount of equity:** \_\_\_\_\_ **% of total equity held:** \_\_\_\_\_

**d. List all business concerns currently holding more than 5% of the total equity of the corporation. **NOTE:** A Second-Level Business Concern Disclosure Statement describing any business concern listed below must be completed and filed with this disclosure statement.**

**Name:** \_\_\_\_\_ **Telephone no.:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**FEID no.:** \_\_\_\_\_

**Date equity obtained:** \_\_\_\_\_ **Type of equity:** \_\_\_\_\_

**Amount of equity:** \_\_\_\_\_ **% of total equity held:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone no.:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**FEID no.:** \_\_\_\_\_

**Date equity obtained:** \_\_\_\_\_ **Type of equity:** \_\_\_\_\_

**Amount of equity:** \_\_\_\_\_ **% of total equity held:** \_\_\_\_\_

**e. List all individuals formerly holding more than 5% of the total equity of the corporation in the past 5 years. Use additional copies of this page, as necessary.**

**Name and last known address:** \_\_\_\_\_

\_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Dates equity held from/to (m/y):** \_\_\_\_\_

**Type of equity:** \_\_\_\_\_

**% of total equity:** \_\_\_\_\_

**Name and last known address:** \_\_\_\_\_

---

Date of birth: \_\_\_\_\_  
Dates equity held \_\_\_\_\_ Type of \_\_\_\_\_ % of total  
from/to (m/y): \_\_\_\_\_ equity: \_\_\_\_\_ equity: \_\_\_\_\_

f. List all **business concerns** formerly holding more than 5% of the total equity of the corporation in the past 5 years. Use additional copies of this page, as necessary.

**Name:** \_\_\_\_\_ **Telephone no.:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**FEID no.:** \_\_\_\_\_

Date equity held: (from/to) \_\_\_\_\_ Type of equity: \_\_\_\_\_

Amount of equity: \_\_\_\_\_ % of total equity held: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone no.:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**FEID no.:** \_\_\_\_\_

Date equity held (from/to) \_\_\_\_\_ Type of equity: \_\_\_\_\_

Amount of equity: \_\_\_\_\_ % of total equity held: \_\_\_\_\_

**DEBT LIABILITY**

"Debt liability" means any form of monetary obligation other than an ownership interest. It includes bonds, debentures, notes, mortgages and loans of any kind, secured or unsecured. Describe below the nature of the obligation under the heading "type of debt."

In answering the questions which follow, you may omit accounts payable for goods and services received unless the amount owed to a particular creditor exceeds 5% of the Second Level Business Concern's total debt liability or net worth, whichever is greater. Debt liability also does not include accounts payable for goods and services received if the amount owed to a particular creditor is less than \$10,000.00.

**42. DEBT LIABILITY - CHARTERED LENDING INSTITUTIONS.**

a. List the following information as to debt liability **currently** held by any chartered lending institution, e.g., a commercial bank or savings & loan association. If you are in doubt as to whether a lender is a state or federally chartered lending institution, check with your lender or with the banking authority in your state. Use additional copies of this page, as necessary.

**Name:** \_\_\_\_\_ **Telephone no.:** \_\_\_\_\_

Address: \_\_\_\_\_  
 Date debt was created: \_\_\_\_\_ Type of debt: \_\_\_\_\_

Original amount: \_\_\_\_\_ Present balance: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone no.:** \_\_\_\_\_

Address: \_\_\_\_\_  
 Date debt was created: \_\_\_\_\_ Type of debt: \_\_\_\_\_

Original amount: \_\_\_\_\_ Present balance: \_\_\_\_\_



**43. DEBT LIABILITY - PRIVATELY HELD SECOND LEVEL BUSINESS CONCERN.** If the Second Level Business Concern is privately held:

**a.** List all individuals currently holding any debt liability of the Second Level Business Concern. Each individual listed below must also be listed on the Summary of Principals (Page 52). Do not provide SS# for any individuals who have not signed the Consent Form for Disclosure of SS# (Page 55).

**Name:** \_\_\_\_\_ **Telephone no.:** \_\_\_\_\_

Address: \_\_\_\_\_

Soc. \_\_\_\_\_ Date debt \_\_\_\_\_ Type \_\_\_\_\_  
 sec.#: \_\_\_\_\_ was created: \_\_\_\_\_ of debt: \_\_\_\_\_

Original amount: \_\_\_\_\_ Present balance: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone no.:** \_\_\_\_\_

Address: \_\_\_\_\_

Soc. \_\_\_\_\_ Date debt \_\_\_\_\_ Type \_\_\_\_\_  
 sec.#: \_\_\_\_\_ was created: \_\_\_\_\_ of debt: \_\_\_\_\_

Original amount: \_\_\_\_\_ Present balance: \_\_\_\_\_

**b.** List all business concerns currently holding any debt liability of the Second Level Business Concern. Do not include institutions listed in the response to question 44. **NOTE:** A Second-Level Business Concern Disclosure Statement describing any business concern listed below must be completed and filed with this disclosure statement. Use additional copies of this page, as necessary.

**Name:** \_\_\_\_\_ **Telephone no.:** \_\_\_\_\_

Address: \_\_\_\_\_

FEID \_\_\_\_\_ Date debt \_\_\_\_\_ Type \_\_\_\_\_  
 no.: \_\_\_\_\_ was created: \_\_\_\_\_ of debt: \_\_\_\_\_

Original amount: \_\_\_\_\_ Present balance: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone no.:** \_\_\_\_\_

Address: \_\_\_\_\_

FEID \_\_\_\_\_ Date debt \_\_\_\_\_ Type \_\_\_\_\_  
 no.: \_\_\_\_\_ was created: \_\_\_\_\_ of debt: \_\_\_\_\_

Original amount: \_\_\_\_\_ Present balance: \_\_\_\_\_

c. List all individuals formerly holding 25% or more of the debt liability of the Second Level Business Concern in the past 5 years. Use additional copies of this page, as necessary.

Name and last known address: \_\_\_\_\_

Period of debt from/to (m/y): \_\_\_\_\_ Type of debt: \_\_\_\_\_

Original amount: \_\_\_\_\_

Name and last known address: \_\_\_\_\_

Period of debt from/to (m/y): \_\_\_\_\_ Type of debt: \_\_\_\_\_

Original amount: \_\_\_\_\_

d. List all **business concerns** formerly holding 25% or more of the debt liability of the Second Level Business Concern in the past 5 years. Do not include institutions listed in response to question 44. Use additional copies of this page, as necessary.

Name and last known address: \_\_\_\_\_

Period of debt from/to (m/y): \_\_\_\_\_ Type of debt: \_\_\_\_\_

Original amount: \_\_\_\_\_ FEID no.: \_\_\_\_\_

Name and last known address: \_\_\_\_\_

Period of debt from/to (m/y): \_\_\_\_\_ Type of debt: \_\_\_\_\_

Original amount: \_\_\_\_\_ FEID no.: \_\_\_\_\_

**44. DEBT LIABILITY - PUBLICLY TRADED CORPORATION.** If the Second Level Business Concern is a publicly traded corporation:

**a.** List all **individuals** currently holding more than 5% of the total debt liability of the Second Level Business Concern. Each individual listed below must also be listed on the Summary of Principals (Page 52). Do not provide SS# for any individuals who have not signed the Consent form for Disclosure of SS# (Page 55).

**Name:** \_\_\_\_\_ **Telephone no.:** \_\_\_\_\_

Address: \_\_\_\_\_

Soc. \_\_\_\_\_ Date debt \_\_\_\_\_ Type  
sec.#: \_\_\_\_\_ was created: \_\_\_\_\_ of debt: \_\_\_\_\_

Original amount: \_\_\_\_\_ Present balance: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone no.:** \_\_\_\_\_

Address: \_\_\_\_\_

Soc. \_\_\_\_\_ Date debt \_\_\_\_\_ Type  
sec.#: \_\_\_\_\_ was created: \_\_\_\_\_ of debt: \_\_\_\_\_

Original amount: \_\_\_\_\_ Present balance: \_\_\_\_\_

**b.** List all **business concerns** currently holding more than 5% of the total debt liability of the Second Level Business Concern. Do not include institutions listed in the response to question 44. **NOTE:** A Second-Level Business Concern Disclosure Statement describing any business concern listed below must be completed and filed with this disclosure statement. Use additional copies of this page, as necessary.

**Name:** \_\_\_\_\_ **Telephone no.:** \_\_\_\_\_

Address: \_\_\_\_\_

FEID no.: \_\_\_\_\_ Date debt \_\_\_\_\_ Type  
was created: \_\_\_\_\_ of debt: \_\_\_\_\_

Original amount: \_\_\_\_\_ Present balance: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone no.:** \_\_\_\_\_

Address: \_\_\_\_\_

FEID no.: \_\_\_\_\_ Date debt \_\_\_\_\_ Type  
was created: \_\_\_\_\_ of debt: \_\_\_\_\_

Original amount: \_\_\_\_\_ Present balance: \_\_\_\_\_

c. List all **individuals** formerly holding more than 5% of the total debt liability of the Second Level Business Concern in the past 5 years. Use additional copies of this page, as necessary.

Name and last known address: \_\_\_\_\_

Period of debt from/to (m/y):	_____	Type of debt:	_____
----------------------------------	-------	------------------	-------

Original amount: \_\_\_\_\_

Name and last known address: \_\_\_\_\_

Period of debt from/to (m/y):	_____	Type of debt:	_____
----------------------------------	-------	------------------	-------

Original amount: \_\_\_\_\_

d. List all **business concerns** formerly holding more than 5% of the total debt liability of the Second Level Business Concern in the past 5 years. Do not include institutions listed in response to question 44 or chartered lending institutions. Use additional copies of this page, as necessary.

Name and last known address: \_\_\_\_\_

Period of debt from/to (m/y):	_____	Type of debt:	_____
----------------------------------	-------	------------------	-------

Original amount: \_\_\_\_\_ FEID no.: \_\_\_\_\_

Name and last known address: \_\_\_\_\_

Period of debt from/to (m/y):	_____	Type of debt:	_____
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Original amount: \_\_\_\_\_ FEID no.: \_\_\_\_\_

## PART XIV

## FINANCIAL INSTITUTIONS AND FINANCIAL HISTORY

**45.** List all petitions titled by or against the Second Level Business Concern under the Federal Bankruptcy Act, or under any state insolvency laws, which are pending or which were pending within the last 5 years. Attach a copy of the final judgment, if any. Use additional copies of this page, as necessary.

**Caption of action:** \_\_\_\_\_  
 Court and location: \_\_\_\_\_  
 Docket no.: \_\_\_\_\_ Chapter: \_\_\_\_\_  
 Date filed: \_\_\_\_\_ Status or disposition: \_\_\_\_\_

**Caption of action:** \_\_\_\_\_  
 Court and location: \_\_\_\_\_  
 Docket no.: \_\_\_\_\_ Chapter: \_\_\_\_\_  
 Date filed: \_\_\_\_\_ Status or disposition: \_\_\_\_\_

**46.** If any receiver, fiscal agent, trustee, reorganization trustee or similar officer of the business or property of the Second Level Business Concern has been appointed by a court within the past 5 years, list the following information (using additional copies of this page, as necessary):

**Name:** \_\_\_\_\_ **Telephone no.:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Dates appointed (from/to): \_\_\_\_\_ Appointing court: \_\_\_\_\_  
 Reason appointed: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone no.:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Dates appointed (from/to): \_\_\_\_\_ Appointing court: \_\_\_\_\_  
 Reason appointed: \_\_\_\_\_

**47.** If the Second Level Business Concern or its New Jersey solid/hazardous waste business has been organized within the last 5 years, describe the source and amounts of the money which enabled or will enable it to commence operations. Examples: "\$25,000 from personal savings" (list bank name and account number); "\$25,000 loan from Uncle Fred (provide full name and address of the individual); "reinvested profits from another business" (provide name and address of the business), etc. Use additional copies of this page, as necessary.

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**48. AGREEMENTS OF SALE AND MERGERS - ALL SECOND LEVEL BUSINESS CONCERNS.** If there exists any agreement of sale or merger, written or verbal, for 25% or more of the total equity of the Second Level Business Concern or if there are any ongoing negotiations for such a sale or merger, describe the nature and status of such agreement (or negotiations). If there is a written agreement of sale in effect, or in draft, attach a copy of it to this form. If there are no agreements of sale in effect or being negotiated, check "No agreement of sale." Use additional copies of this page, as necessary.

Written agreement?    ☐    Yes    ☐    No

Draft agreement?    ☐    Yes    ☐    No

Verbal agreement?    ☐    Yes    ☐    No

No agreement of sale    ☐

Explanation: \_\_\_\_\_

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**49. SUBCONTRACTORS, BROKERS, AND CONSULTANTS.**

Note: As elsewhere, unless otherwise noted, these questions apply only to the Second Level Business Concern, not to its subsidiaries.

**a.** List the following as to all subcontractors, brokers and consultants with which the Second Level Business Concern has written or oral agreements or has had such agreements within the past 5 years to operate any aspect of its solid waste or hazardous waste business. Use additional copies of this page, as necessary.

**Name:** \_\_\_\_\_ **Telephone no.:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**FEID** \_\_\_\_\_ **Contact person** \_\_\_\_\_

**no.:** \_\_\_\_\_ **& position:** \_\_\_\_\_

**Date agreement** \_\_\_\_\_ **Date agreement** \_\_\_\_\_

**executed:** \_\_\_\_\_ **expires/expired:** \_\_\_\_\_

**Type of subcontractor, broker, consultant (e.g., transportation,** \_\_\_\_\_

**disposal, etc.):** \_\_\_\_\_

**DEP License No.:** \_\_\_\_\_

**Certification of** \_\_\_\_\_

**Convenience** \_\_\_\_\_

**and Necessity:** \_\_\_\_\_

**b.** List the following as to all persons for which the Second Level Business Concern has acted as a subcontractor, broker or consultant under written or oral agreements within the past 5 years, to operate any aspect of a solid waste or hazardous waste business. Use additional copies of this page, as necessary.

**Name:** \_\_\_\_\_ **Telephone no.:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**FEID** \_\_\_\_\_ **Contact person** \_\_\_\_\_

**no.:** \_\_\_\_\_ **& position:** \_\_\_\_\_

**Date agreement** \_\_\_\_\_ **Date agreement** \_\_\_\_\_

**executed:** \_\_\_\_\_ **expires/expired:** \_\_\_\_\_

**Type of subcontractor, broker, consultant (e.g., transportation,** \_\_\_\_\_

**disposal, etc.):** \_\_\_\_\_

**PART XV**

**50. IDENTIFICATION OF RESPONDENT.** Identify the person or persons who provided the answers to the questions in this Second Level Business Concern Disclosure Statement. If more than one individual provided answers, identify by specific number the questions answered by each individual. Use additional copies of this page, as necessary.

**Name of individual:** \_\_\_\_\_

Title: \_\_\_\_\_

Responses for which responsible: \_\_\_\_\_

**Name of individual:** \_\_\_\_\_

Title: \_\_\_\_\_

Responses for which responsible: \_\_\_\_\_

**Name of individual:** \_\_\_\_\_

Title: \_\_\_\_\_

Responses for which responsible: \_\_\_\_\_

**Name of individual:** \_\_\_\_\_

Title: \_\_\_\_\_

Responses for which responsible: \_\_\_\_\_

**Name of individual:** \_\_\_\_\_

Title: \_\_\_\_\_

Responses for which responsible: \_\_\_\_\_

**Name of individual:** \_\_\_\_\_

Title: \_\_\_\_\_

Responses for which responsible: \_\_\_\_\_

**Name of individual:** \_\_\_\_\_

Title: \_\_\_\_\_

Responses for which responsible: \_\_\_\_\_



(Notary public)  
(Seal)

## PART XVII

**SECOND LEVEL BUSINESS CONCERN DISCLOSURE STATEMENT CERTIFICATION**

This Second Level Business Concern Disclosure Statement must be signed and certified below by a responsible official of the Second Level Business Concern. Use additional copies of this page, as necessary.

I, \_\_\_\_\_, hereby

certify that I have read, in its entirety, the attached Second Level Business Concern Disclosure Statement as well as the instructional material provided with this document, and that it is true to the best of my knowledge. I further certify that I have caused a diligent effort to be made by the employees and agents of the Second Level Business Concern to honestly and thoroughly respond to the inquiries in this Second Level Business Concern Disclosure Statement and that I have ensured that the information provided on this Second Level Business Concern Disclosure form is verified. I further understand that fraudulent, deceptive, misleading or negligent answers may result in the denial or revocation of the Applicant's license. I am aware that if the foregoing statement made by me is willfully false, I am subject to criminal prosecution.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Type or print title/position

State of New Jersey                    )  
  )  
County of \_\_\_\_\_)

I certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, \_\_\_\_\_  
(Name)

came before me in person and stated to my satisfaction that he/she:

(A) made the attached instrument; and

(B) was authorized to and did execute this instrument on behalf of and as \_\_\_\_\_  
(Office)

of \_\_\_\_\_, the entity named in this instrument.  
(Name of entity)

\_\_\_\_\_  
(Notary public)  
(Seal)

If form was prepared by a person other than the individual or individuals signing this certification (e.g., an attorney, accountant, etc.), indicate that person's name, address and telephone number and relationship to the Second Level Business Concern:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Title/position: \_\_\_\_\_

## SUMMARY OF PRINCIPALS

Please fill out the following list of principals of this Second Level Business Concern. It will duplicate some other information set forth above.

OFFICERS(Update Question #12)

name	title	d.o.b.	SS#	Date Took Pos.
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### DIRECTORS(Question #13)

name	d.o.b.	SS#	Date Took Pos.
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This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

## PARTNERS (Question #16)

Name of Company/Individual

d.o.b.

SS#

Date Took Pos.

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## EQUITY HOLDERS, IF NOT LISTED ABOVE AS PARTNER (Questions #42/43)

Name of Company/Individual

d.o.b.

SS#

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

OWNERS OF ENTITIES OTHER THAN SOLE PROPRIETORSHIPS,  
CORPORATIONS, LLCs, PARTNERSHIPS, OR JOINT VENTURES, IF  
NOT LISTED ABOVE AS PARTNER OR EQUITY HOLDER (Question #19)

Name of Company/Individual

d.o.b.

SS#

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## DEBT HOLDERS (Question #45/46)

Name of Company/Individual	d.o.b.	SS#
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## KEY EMPLOYEE (Question #25)

name	title	d.o.b.	SS#	Date Took Pos.
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## CONSENT FORM FOR DISCLOSURE OF SOCIAL SECURITY NUMBERS

The following individuals hereby certify that they have read the social security notice on page 4 of the instructions to the Second Level Business Concern Disclosure Statement and consent to the disclosure of their social security numbers for the limited purposes set forth therein.

_____ <b>printed name</b>	_____ <b>signature</b>	_____ <b>date</b>
_____ <b>printed name</b>	_____ <b>signature</b>	_____ <b>date</b>
_____ <b>printed name</b>	_____ <b>signature</b>	_____ <b>date</b>
_____ <b>printed name</b>	_____ <b>signature</b>	_____ <b>date</b>
_____ <b>printed name</b>	_____ <b>signature</b>	_____ <b>date</b>
_____ <b>printed name</b>	_____ <b>signature</b>	_____ <b>date</b>
_____ <b>printed name</b>	_____ <b>signature</b>	_____ <b>date</b>
_____ <b>printed name</b>	_____ <b>signature</b>	_____ <b>date</b>
_____ <b>printed name</b>	_____ <b>signature</b>	_____ <b>date</b>

Please make additional copies of this page as needed

## APPENDIX A

STATE OF NEW JERSEY  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF LAW  
ENVIRONMENTAL ENFORCEMENT SECTION

### SECOND LEVEL BUSINESS CONCERN DISCLOSURE STATEMENT INSTRUCTIONS

*(For help with these forms, or to answer other questions related to the A-901 Program, feel free to contact us at the New Jersey Division of Law, Environmental Enforcement Section, A-901 Unit, Richard J. Hughes Justice Complex, P.O. Box 093, Trenton, NJ 08625, or call (609) 292-6018 or 6019.)*

**1. WHO MUST FILL OUT THIS FORM.** Except as noted below, every applicant for or holder of an NJDEP solid waste or hazardous waste license is required to file a second level business concern disclosure statement for any business entity which holds some or all of its equity, and for any higher-level business entity holding equity of the second level business concern, etc., until the ultimate equity holders are reached and have filed or been deemed exempt (usually because they hold less than 5% of the equity in a publicly traded entity). If you have any questions on the extent of the filing requirements, please call the A-901 Unit at (609)292-6018 or 6019.

**2. ALL QUESTIONS MUST BE ANSWERED.** Read every question carefully before answering it. Answer every question completely. Do not leave any blank spaces. If there is nothing to disclose in answer to a particular question, enter "none" in the space provided for an answer. Provide a response in each section. If an answer is "none", write "none". If the item is not applicable, write "not applicable" or "N/A", **with an explanation of why. Unanswered questions will result in the application being deemed incomplete and, therefore, returned for additional information.**

**3. ANSWER COMPLETELY AND TRUTHFULLY.** Failure to answer any question completely may result in your statement being returned to you for supplementation of your answers, and will delay processing of your application. However, you should not answer "Do Not remember", or similar words, simply because the information is not immediately at hand. You are expected to make reasonable efforts to check your records so that you can answer the questions completely.

**4. ADDITIONAL SPACE.** If you need additional space to answer a question, use copies of the appropriate pages. Insert additional pages immediately following the page on which the question you are answering initially appears. Be sure to indicate that your answer to the question is "continued on Page 25a of 52" (for example) and also be sure to mark the new number in the top right hand corner Page 25a of 52 (to continue the example). Failure to answer truthfully may result in a delay or denial or revocation of the related applicant's application or license.

**5. SECOND-LEVEL BUSINESS CONCERN DISCLOSURE STATEMENTS.** Second-Level Business Concern Disclosure Statements (Second-Level Forms) must be filed by all parent companies of the applicant for or holder of a NJDEP solid or hazardous waste license. This requirement applies to all immediate, intermediate and ultimate "parent" companies. Each parent company must file a separate Second-Level Business Concern Disclosure Statement.

Parent companies include any business concern which holds any equity or debt liability in the applicant or license-holder itself, or which holds, directly or through another entity, any debt liability or equity in a parent company. In other words, all business entities "upstream" of the applicant or license holder, i.e., parents, grandparents, great-grandparents, etc. must file Second-Level Business Concern Disclosure Statements. These Second-Level Forms must be submitted along with the Business Concern Disclosure Statement of the



applicant or license holder.

Limitations: If the license-holder or applicant or a parent business concern is a publicly-traded corporation, a Second-Level Form need not be filed by a holder of 5% or less of the equity or debt liability of the publicly-traded entity. Also, please note that debt liability does not include accounts payable for goods and services received unless the amount owed to a particular creditor exceeds 5% of the business concern's total debt liability or net worth, whichever is greater. Debt liability also does not include accounts payable for goods and services received if the amount owed to a particular creditor is less than \$10,000.00. Also, if the debt liability of the applicant, license-holder or a parent business concern is held by a chartered lending institution, then that chartered lending institution is not required to file a Second-Level Form.

**6. PERSONAL HISTORY DISCLOSURE FORMS.** Personal History Disclosure Forms (Personal Histories) must be submitted by the equity holders, directors, officers, partners and key employees of the applicant or license-holder itself, except that if a business concern is publicly traded, holders of 5% or less of its equity need not file Personal Histories.

In addition, Personal History Disclosure Forms must be filed by the equity holders, directors, partners and officers of all parent companies of the applicant or license-holder. This applies to all immediate, intermediate and ultimate parent companies. Personal Histories must be submitted along with the Business Concern Disclosure Statement.

Please Note: If a business concern has more than 3 officers, or 2 key employees, contact the New Jersey Division of Law at the numbers or address noted below prior to submitting the personal histories for those officers or key employees.

**7. ATTACHMENTS AND/OR EXHIBITS.** If you are required or wish to submit any document in connection with your answer to any question, refer to it in your answer as, for example, "Attachment No.\_\_\_\_\_" or "Exhibit No.\_\_\_\_\_" (be consistent) and attach it at the end of the form.

**8. FEE CALCULATION.** Certain fees must be paid to the Department of Environmental Protection and the Office of the Attorney General in connection with the processing of this Disclosure Statement. The Division of Law will calculate the fee upon the review of the Disclosure Statement and forward an invoice to the applicant - **DO NOT SEND PAYMENT WITH THE SUBMISSION OF THIS DISCLOSURE DOCUMENT.**

**9. FINGERPRINTS.** Individuals who are required to file Personal History Disclosure Forms must also be fingerprinted for identification and investigative purposes.

**IF YOU LIVE OR WORK IN NEW JERSEY:**

New Jersey has changed from the traditional "ink and roll" method to the "Live Scan Method" for individuals who work or reside in New Jersey. After you have submitted your application, you will receive instructions from New Jersey State Police on the fingerprinting method.

**OTHER STATES:**

Individual equity holders, directors, officers or key employees who work and reside outside the State of New Jersey must submit fingerprint cards with this Personal History Disclosure. If you did not receive fingerprint cards with this form, you must request them from the A-901 Unit by calling 609-292-6018 or request online at [www.state.nj.us/dep/dshw](http://www.state.nj.us/dep/dshw). Follow the instructions that accompany the fingerprint cards

**10. TYPE OR PRINT YOUR ANSWERS.** Type or print in legible block letter style. Handwritten forms will be returned if entries are illegible. Do not use a script typeface. This form is available in WordPerfect for Windows 6.1 format, by e-mail. Call (609) 292-6018 or 6019 to have the form e-mailed to you.

**WARNING**

**FRAUDULENT, DECEPTIVE OR MISLEADING ANSWERS MAY RESULT IN THE DENIAL OR REVOCATION OF THE APPLICANT'S, PERMITTEE'S, OR LICENSEE'S LICENSE OR LICENSE APPLICATION. IN ADDITION, ANY PERSON WHO KNOWINGLY OR RECKLESSLY MAKES FALSE OR MISLEADING STATEMENTS ON THIS FORM MAY BE SUBJECT TO CRIMINAL PROSECUTION.**

Be especially careful not to leave out information in any way that might create the impression you are trying to hide it. For example, a minor criminal conviction will probably not disqualify your firm from being licensed; however, attempting to conceal the conviction may lead to a finding of a lack of trustworthiness, and result in disqualification. Omitting such information from this form, even unintentionally, may result in your trustworthiness being questioned. Even if the question is resolved in your favor, your application may be delayed while the inquiry goes forward.

If you are unsure of, or do not remember the answer to a question, indicate this in some way - for example, by entering "do not remember." This may result in additional inquiries from the Department or the Attorney General's office, but, entered in good faith, will avoid the implication that you are trying to conceal information. However, you should not answer "do not remember" simply because the information may not be immediately at hand. You are expected to make reasonable efforts to check your records so that you can answer the question completely.

### **SOCIAL SECURITY NUMBERS**

#### Notice required under Section 7(b) of the Federal Privacy Act of 1974

Under section 7(b) of the Privacy Act of 1974, 5 U.S.C. 552a (note), any government agency which requests an individual to disclose his Social Security account number must inform that individual whether the disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.

The Department of Environmental Protection and the New Jersey Division of Law are authorized to request Social Security numbers by the section of the A-901 statute that defines the content of the Disclosure Statement, N.J.S.A. 13:1E-127(e). The Social Security number is used as a secondary identifier by the New Jersey State Police when conducting background investigations of individuals listed on disclosure statements. It is used routinely to ensure correct identification when the State Police conduct checks of criminal history records maintained by the State and Federal governments. In specific investigations which may involve examination of particular records obtained from outside sources, the Social Security number may be used to determine whether the individual named in the records and the individual under investigation are the same or different persons.

The listing of Social Security numbers on the disclosure forms is voluntary. Under Section 7(a) of the Privacy Act, the Department cannot deny or revoke a license or impose any penalty because of an individual's refusal to disclose a Social Security number. However, the absence of a Social Security number as a secondary identifier may delay processing of and decisions on licensure because of the additional investigation time which may be necessary to confirm identifications without the Social Security number. In addition, the absence of a Social Security number may result in the initial identification of an individual as having a criminal record which actually is that of another person. That, again, may result in a delay in the decision on licensure.

## APPENDIX B DISQUALIFYING CRIMES

Pursuant to N.J.S.A. 13:1E-133(b) and N.J.A.C. 7:26-16.8(b), an applicant, permittee or licensee may be disqualified from holding a solid waste or hazardous waste license "if any person required to be listed in the disclosure statement or shown to have a beneficial interest in the business of the applicant, permittee, or the licensee" has been convicted of any of 22 categories of crimes listed in the statute.

The term "any person required to be listed in the disclosure statement" includes owners, stockholders, officers, directors, partners, key employees and holders of debt liability. The term "shown to have a beneficial interest" is meant to cover situations where an individual has an informal interest that may not show up on a disclosure statement-- such as a regular cash payment from company funds.

Disqualifying crimes are any of the following under New Jersey laws, or equivalent laws of any other jurisdiction.

1. Murder;
2. Kidnaping;
3. Gambling;
4. Robbery;
5. Bribery;
6. Extortion;
7. Criminal usury;
8. Arson;
9. Burglary;
10. Theft and related crimes;
11. Forgery and fraudulent practices;
12. Fraud in the offering, sale or purchase of securities;
13. Alteration of motor vehicle identification numbers;
14. Unlawful manufacture, purchase, use or transfer of firearms;
15. Unlawful possession or use of destructive devices or explosives;
16. Violation of N.J.S.A. 2C:35-5, except possession of 84 grams or less of marijuana, or of N.J.S.A. 2C:35-10;
17. Racketeering, N.J.S.A. 2C:41-1 et seq.
18. Violation of criminal provisions of the "New Jersey Antitrust Act," N.J.S.A 56:9-1 et seq.
19. Any purposeful, knowing, willful or reckless violation of the criminal provisions of any federal or state environmental protection laws, rules, or regulations, including but not limited to solid waste or hazardous waste management law, rules or regulations;
20. Violation of N.J.S.A. 2C:17-2;
21. Perjury, false swearing or any other offense set forth in Chapter 28 of the New Jersey Code of Criminal Justice, N.J.S.A. 2C:28-1 et seq.
22. Any violation of the Solid Waste Utility Control Act, N.J.S.A. 48:13A-1 et seq. or P.L. 1981, c. 221 (N.J.S.A..48:13A-6.1).

**NOTICE: These descriptions are for information purposes only. For official text you must consult the statute, N.J.S.A. 13:1E-126 et seq., and its implementing regulations at N.J.A.C. 7:26-16.1 et seq.**

## **APPENDIX C REHABILITATION CRITERIA**

N.J.S.A. 13:1E-133.1 provides for an exception to the disqualification that would otherwise result from a criminal conviction of

1. an applicant, permittee, or licensee;
2. a director, officer, or key employee of the applicant, permittee, or licensee;
3. a business or individual holder of equity or debt in the applicant, permittee, or licensee;
4. a director, officer, equity/debt holder, or key employee of an immediate or upstream business holder of equity/debt in the applicant, permittee, or licensee

where the convicted individual/business concern demonstrates "by clear and convincing evidence" the convicted individual's/business concern's rehabilitation.

The Department is required to request a recommendation from the Attorney General, and to consider the following factors for a convicted "business concern" when weighing the issue of rehabilitation. The phrase "business concern" includes the applicant, permittee, or licensee itself (if not organized as a sole proprietorship), **and** "second-level business concerns" (generally, corporate or other business-entity holders of equity/debt in the applicant, permittee, or licensee, and their parents, etc. See Appendix A, para. 5). (Criteria for demonstrating the rehabilitation of convicted **individuals** are attached to the Personal History Disclosure forms.)

- (1) The nature and seriousness of the crime;
- (2) The circumstances under which the crime was committed;
- (3) The date of the crime;
- (4) Whether the crime was an isolated or repeated act; and
- (5) The full criminal record of the convicted business concern, any record of civil or regulatory violations or notices or any complaints alleging any such civil or regulatory violations, or any other allegations of wrongdoing.